MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

1	SERIAL NO.	FILING DATE
	APPLICANT(S)	

-	- IL 4C
()	AIMS

	AS F	ILED	AFTER 1st AMENDMENT		2nd AME	ER NDMENT	
		DEP.	IND.	DEP.	IND.	DEP.	1
	IND.	DEF.	-	-	1		}
1	ш	 	 	+	T]
2		 		+	1]
3	 	++		1	1		}
4	ļ	++	 	+]
_5	 		┼	+			
6	11	+ $-$	+	-	1		
		++-	+	+			_
8			 	1			_
9		-+	+				_}
10_	+		-				4
11	+,-	-+					4
12	11-	+					4
13	4-						4
14			\top				\dashv
15	╃.	+	_				_
16 17							_
18		4	1				_
19		5					
20	1						
21	十方						\dashv
22	1,						\dashv
23		1					
24		1					
25							\dashv
26							\dashv
27							\dashv
21							\dashv
2	9						
3	0						
3	1						
3	2						
3	33						
3	34						
	35						
	36						
	37		-+				
	38		-+				
	39	+					
<u> </u>	40		+				
-	41		+				
-	42						
-	43	+	+				
-	44						
-	45						
-	46	+					
-	48						
\vdash	49						
-	50						
-	TOTAL				1	1	_1
L	IND.	1#	_1		-		-
- 1	TOTAL DEP.	20		L			

	* *			*			
		250	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	110.				
51		 	 				
52	 	 			ļ		
53	 		 				
54			 		1		
55	 		┼	 -	1		
56	 		+		†		
57	 	+	+	+	1		
58			+	+			
59				+			1
60	+		+	+	1		
61			+				1
62							1
63							_
64			+]
65							_
66				_			_
67							_
68							4
69							4
70	_		_				4
71							4
72							_
73 74			_				_
							4
75		-+-					-
7							4
7							-
	9						\dashv
	10						-
	31						
	32						\dashv
	33						
	84						\dashv
	B5						
	86						
	87						
	88						
-	89						
	90						
<u> </u>	91						
	92						
	93						
	94						
	95						
	96						
	97						
	98				+		
	99						
F	100						
t	TOTAL						1
-	IND.		-		-		
	DEP.						
- 1	TOTAL CLAIMS						



* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS